

ROYAL BELFAS

Surname and First Names

CH 364277
HSTR ADAM STRAIN



06/08/91
Male



EHSSB
CONSULTANT

Murphy
Scough

Age	Hospital No.
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Address

Occupation

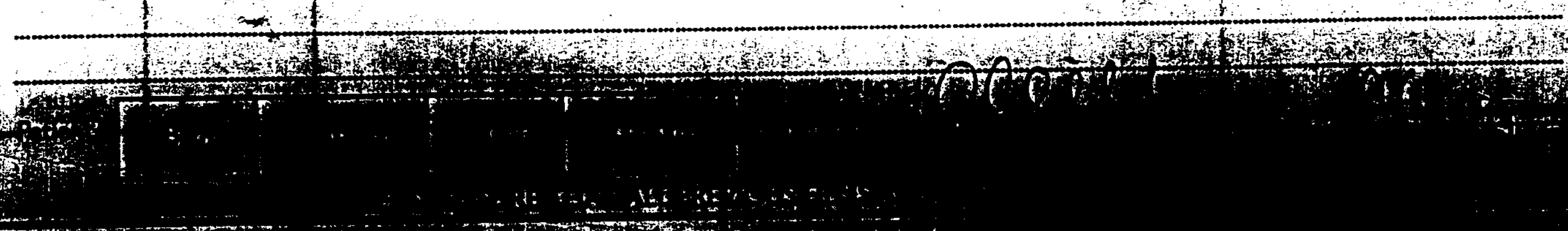
WD/DP

Clinical Diagnosis

Relevant History, clinical findings and previous operations

CMA - pre-renal transplant

Radiological information required



FOR DEPARTMENTAL USE

Previous X-Ray

Yes	No
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Previous No's

Appointment for examination of at a.m. p.m. on

Date of Request:

X-RAY REQUEST FORM

AS - ROYAL

057-019-028

MR / 7/1

ADDITIONAL NOTES

Number	Date	Radiographers Remarks								Signature		

Date	17 x 14	15 x 12	14 x 14	15 x 6	12 x 10	10 x 8	8 x 6	6 x 4	Occl.	Dental	Others